

CHAPTER 4

ENROLLMENT AND TERMINATION

Revised May 2021

When the Waiver Case Manager is notified by the HASCI Division that a person has been allocated a HASCI Waiver slot, the first requirement is to notify the person or legal guardian and confirm that enrollment in the HASCI Waiver is still desired. If the HASCI Waiver is still wanted, the Waiver Case Manager must meet with the person or legal guardian following the Waiver Enrollment Timeline detailed below to explain the enrollment process and all service alternatives available under the HASCI Waiver. The Waiver Case Manager must provide the HASCI Waiver Information Sheet. Once these requirements are met, the Waiver Case Manager can proceed with initiating HASCI Waiver enrollment (page 4-3).

When the individual is awarded a HASCI Waiver slot, HASCI Program Staff will complete the Slot Allocation Memo and forward copies of it to the Waiver Case Manager and Supervisor. The Waiver Case Manager will follow the Waiver Enrollment Timeline to enroll the individual in the HASCI Waiver.

Conflict Free Case Management (effective June 1, 2021):

In order to honor choice and prevent conflicts of interest, providers of Waiver Case Management services must not provide any other waiver service to the same person. When there is a conflict, the WCM will help the participant understand why a conflict exists and offer a choice of either another WCM provider or another waiver service provider. The Case Manager must then transition the participant to the chosen provider within 60 days.

Waiver Enrollment Timeline:

Initial contact with the applicant, his/her legal guardian, or responsible party (applicant) must occur within ten (10) business days of receipt of the Waiver slot award.

If the applicant cannot be contacted/located within ten (10) business days, then the Non-Signature Declination process must be started on the 11th business day.

During the initial contact, when the applicant is informed of the Waiver slot award, he/she is also informed that a decision to participate or not to participate in the waiver must be made within thirty (30) calendar days after the date of the initial contact. The decision must be documented by completing either the Freedom of Choice (FOC) form or the Waiver Declination form and providing the completed form to the Waiver Case Manager.

If a Waiver Declination form is completed, the completed form must be submitted to the appropriate DDSN staff within three (3) business days following receipt of the completed form.

If FOC form or Waiver Declination form is not completed and received within 30 calendar days following the initial contact, the Non-Signature Declination process must be started on the 31st

calendar day unless there is clear evidence to suggest that the completed form exists but has not yet been delivered/provided to the Waiver Case Manager.

At the time of the initial contact, the applicant must also be notified that, upon enrollment, continued participation in the Waiver will require that, at a minimum, at least one waiver service be received at least every 30 calendar days; therefore, service provider(s) to deliver needed services must be promptly identified.

If the applicant is currently DDSN eligible, the initial Level of Care (LOC) must be requested within 30 calendar days of receipt of the completed FOC. If the applicant is pending DDSN eligibility, the initial LOC must requested within 30 calendar days following the communication of the eligibility decision.

NOTE: In the rare circumstance when an applicant is actively pursuing their only service from a provider that is not yet ready to provide services (e.g., Respite worker is actively pursuing qualification from the Respite Coalition), in order to ensure two waiver services will be received within the first 60 days following enrollment, a request to delay the submission of the LOC can be made to the appropriate HASCI Program Coordinator. Delays will only be approved when the service being pursued is the only waiver service (other than waiver case management) to be delivered, and the delivery of the service is being actively pursued.

Once the LOC is determined, if all other Waiver enrollment requirements are met (i.e., eligible for Medicaid, not living in an institutional placement, transferred from MCO or another Waiver program), DDSN will complete the Waiver enrollment and notify of completion, typically within 30 calendar days.

If at any point during the Waiver enrollment process an applicant cannot be located/contacted, the Non-Signature Declination process must be immediately started.

DDSN-operated Waivers – Enrollment Deadlines Summary

Activity/task	Timeline
Initial contact with the applicant.	By the 10 th business day following slot award.
Begin Non-signature Declination process.	On the 11 th business day after slot award, if contact/location attempts are unsuccessful.
Receipt of completed Freedom of Choice or Waiver Declination form.	By the 30 th calendar day following initial contact.
Submit completed Waiver Declination form to DDSN.	By the 3 rd business day following receipt of completed Waiver Declination form
Begin Non-signature Declination process.	On the 31 st calendar day following initial contact, if Freedom of Choice or Waiver Declination form not received.
Request Level of Care.	By 30 th calendar day the date of receipt of completed Freedom of Choice. (If the applicant is pending DDSN eligibility, the initial LOC must requested within 30 calendar days following the communication of the eligibility

	decision)
Begin Non-signature Declination process.	At any point if applicant cannot be contacted/located after reasonable attempts.

Voluntary Declination of a HASCI Waiver Slot

If at any time during the enrollment process HASCI Waiver services are no longer wanted, the person or legal guardian must sign a *HASCI Waiver Slot Declination* (HASCI Form 3).

The Waiver Case Manager must forward a copy of this to the HASCI Division immediately so the HASCI Waiver slot can be rescinded. The original form must be maintained in the person's file and copies sent to the person or legal guardian and to the SC DHHS Liaison Center.

Declining the HASCI Waiver does not prevent re-applying in the future. It also does not directly affect eligibility for or receipt of other SCDDSN services.

(HASCI Form 3 is not required if it is confirmed that the person died, does not qualify for Medicaid, or does not meet NF or ICF/IID Level of Care. The Waiver Case Manager must document such circumstance in a Case Note and must notify the HASCI Division immediately by SComm so the HASCI Waiver slot can be rescinded.)

Non-Signature/Non-Cooperation Declination

When enrollment in the HASCI Waiver cannot be completed (*e.g. person moved out-of-state, person or legal guardian cannot be located, or person or legal guardian is non-responsive or uncooperative in providing required documentation or making decisions necessary for enrollment*) and the Waiver Case Manager (WCM) is unable to obtain signature on the HASCI Form 3, the HASCI Waiver slot will be rescinded only after the WCM has met the following conditions:

1. The case file must document specific dates when the WCM tried to contact the consumer or legal guardian. Case Notes must indicate phone numbers called and if a conversation took place or a message was left. The WCM must ensure that documented calls are made on multiple days and at varying times to all known contact numbers and at times when someone would typically be at home. Although not required, the WCM also may attempt (and document) contact by regular mail.
2. If there is no response after the above attempts, the WCM must send a certified letter to the person or legal guardian (with return receipt) that clearly explains what issues must be resolved and a statement that the HASCI Waiver slot will be rescinded in the next ten (10) calendar days if there is not an appropriate response. *The Process for Reconsideration of SCDHHS Decisions* must also be sent.

If no response within the 10 calendar days, proceed to Step #4.

3. If during the 10 calendar days the person or legal guardian contacts the WCM and requests assistance or additional time, thirty (30) calendar days from date of the request must be allowed. If required documentation is not provided or decisions necessary for enrollment are not made at the end of 30 calendar days, the WCM must send a second certified letter to the person or legal guardian (with return receipt) that clearly explains what issues must be resolved and a statement that the HASCI Waiver slot will be rescinded in the next ten (10) calendar days if there is not an appropriate response. *The Process for Reconsideration of SCDHHS Decisions* must also be sent. **If no response within the 10 calendar days, proceed to Step #4.**
4. If the above steps have been taken, the *HASCI Waiver Slot Declination* (HASCI Form 3) must be completed indicating Non-Signature/Non-Cooperation Declination. The original signed form must be placed in the person's file. Copies must be sent to the person or legal guardian, to the HASCI Division, and to the DHHS Liaison Center.

Example of the contact flow:

- Multiple contacts made to person or legal guardian to obtain required documentation or decisions
- If no resolution, certified letter sent
- After 10 days (if no resolution or request for additional time) HASCI Form 3 completed;
- HASCI Waiver slot rescinded by the HASCI Division

If the person or legal guardian requests additional time:

- Additional 30 days allowed for resolution
- During the 30 days, person or legal guardian contacted for resolution
- If no resolution within 30 days, second certified letter sent
- After 10 days (if no resolution), HASCI Form 3 completed
- HASCI Waiver slot rescinded by the HASCI Division

These procedures are the **minimum** required.

If the person wants to re-apply for the HASCI Waiver at a later date, a new *Request for HASCI Waiver Slot* (HASCI Form 1) must be submitted. [See Chapter 3, *ELIGIBILITY AND SLOT ALLOCATION*]

Initiating HASCI Waiver Enrollment or Re-enrollment

Freedom of Choice

To begin the HASCI Waiver enrollment process, the person or legal guardian must complete a *Freedom of Choice* (HASCI Form 2). This form documents the choice to participate in home and community-based services instead of placement in an institution. The Waiver Case Manager must explain that admission to an institution cannot be guaranteed if that option is chosen. If requested, the Waiver Case Manager can assist with applying for admission to a NF or ICF/IID.

Following discussion, the *Freedom of Choice* form must be marked, signed, and dated by the person if he or she is a legal adult (age 18 years or older and not adjudicated incompetent) or by a legally responsible adult (parent or legal guardian of a child under age 18 years or legal guardian of an adult age 18 years or older who was adjudicated incompetent). The Waiver Case Manager must also sign and date the form.

- The only exception is when a legal adult is not physically capable of signing. The Waiver Case Manager must document on the *Freedom of Choice* form **and** in a Case Note the reason for absence of the person's signature.
- If the parent or legal guardian of a child under age 18 years signs the *Freedom of Choice* form, the person must sign it when he or she turns age 18 years unless adjudicated incompetent. The person or legal guardian may mark, sign, and date the original *Freedom of Choice* form or mark, sign, and date a new form unless not physically capable of signing. If the person is unable to sign, the Waiver Case Manager must document on the *Freedom of Choice* form **and** in a Case Note the reason for absence of the person's signature.

The Waiver Case Manager must document the meeting, discussion, signing of the form, and choice that was made in a Case Note.

The *Freedom of Choice* form signed prior to enrollment must remain in the person's file so long as he or she is enrolled in the HASCI Waiver. For a person previously terminated from the HASCI Waiver, a new *Freedom of Choice* form must be signed prior to re-enrollment and remain in the person's file.

Acknowledgement of Choice and Appeal Rights

The Waiver Case Manager must explain the right of a HASCI Waiver participant to contact and choose providers of services from among those qualified. The Waiver Case Manager can assist in identifying qualified providers for the person or legal guardian to consider. Information concerning qualified providers can be found on the SCDDSN and SCDHHS websites.

It also must be explained that the person or legal guardian has the right to first request reconsideration by SCDDSN and then to submit an appeal to the State Medicaid agency (SCDHHS) concerning any adverse decision or action related to becoming enrolled in, receiving services through, or being terminated from the HASCI Waiver.

Following explanation, the person or legal guardian must sign and date an *Acknowledgement of Choice and Appeal Rights* (HASCI Form 1). The Waiver Case Manager must also sign and date the form. It must be signed prior to HASCI Waiver enrollment or re-enrollment and at least annually thereafter, usually during annual update of the person's Support Plan. The original form must be maintained in the person's file and a copy must be provided to the person or legal guardian.

The Waiver Case Manager must document the meeting, discussion, and signing of the form in a Case Note. It must also document that the person or legal guardian was provided a copy of the form.

Acknowledgement of Rights and Responsibilities

The Waiver Case Manager must explain to the person or legal guardian the rights and responsibilities required for participating in the HASCI Waiver. It must be understood that failure to meet the designated responsibilities can result in termination from the HASCI Waiver.

Following explanation, the person or legal guardian and Waiver Case Manager must sign and date an *Acknowledgement of Rights and Responsibilities* (HASCI Form 20). It must be signed prior to HASCI Waiver enrollment or re-enrollment and at least annually thereafter, usually during annual update of the person's Support Plan. The original form must be maintained in the person's file and a copy must be provided to the person or legal guardian.

The Waiver Case Manager must document the meeting, discussion, and signing of the form in a Case Note. It must also document the person or legal guardian was provided a copy of the form.

If subsequently a HASCI Waiver participant or legal guardian does not comply with the designated responsibilities, the Waiver Case Manager must document concerns or problems and efforts to resolve them in Case Notes. This must include reviewing and requiring that a new *Acknowledgement of Rights and Responsibilities* form be signed and dated.

If a person or legal guardian refuses to comply with the responsibilities for participation in the HASCI Waiver despite concerted documented efforts by the Waiver Case Manager and others to resolve the problems, there must be consultation with the HASCI Division to determine if termination must proceed.

Verification of Third Party Coverage

The Waiver Case Manager must assist the person or legal guardian to complete, sign, and date a *Verification of Third Party Coverage* (HASCI Form 18) identifying all private

insurance, Medicare, or Medicaid coverage available to the person on the date the form is completed. The Waiver Case Manager must sign and date the form.

The meeting, discussion, and signing of the form must be documented in a Case Note. The original form must be placed the person's file.

Medicaid Eligibility

A person must already be receiving Medicaid or must become eligible in order to be enrolled in the HASCI Waiver. If a person allocated a HASCI Waiver slot is not already receiving Medicaid or has not applied, the Waiver Case Manager must assist him or her to apply immediately. For application information, consult the SCDHHS website at www.scdhhs.gov >Getting Medicaid >Getting Started.

Application for Medicaid is made online via the SCDHHS website or alternately at the SCDHHS (Medicaid) County Office for the locality where the person lives. If the person is hospitalized, application can be made at most hospitals. It must be clearly communicated when applying for Medicaid that the person is served by SCDDSN and has been allocated a HASCI Waiver slot.

Becoming eligible for Medicaid is a lengthy process, typically taking 60-120 days or longer to be completed. The DHHS Liaison Center facilitates Medicaid eligibility determination for people to be enrolled in the HASCI Waiver. If necessary, they also conduct a "look back" to confirm financial eligibility of people already receiving Medicaid to enroll in the HASCI Waiver.

The DHHS Liaison Center may require assistance in obtaining documentation or resolving issues related to an applicant's Medicaid eligibility determination or "look back". Typically, this is due to the applicant being nonresponsive or uncooperative with requests made by telephone or mail.

In order for the DHHS Liaison Center discuss details about an applicant's eligibility status with the Waiver Case Manager, the applicant or legal guardian must have signed a DHHS Form 1282 (*Authorized Representative & Release of Information*). In the form's bottom section, it must be specified that information may be released to the Waiver Case Management Agency.

During the visit to initiate HASCI Waiver enrollment, the Waiver Case Manager is advised to have a DHHS Form 1282 signed for the Waiver Case Management Agency. This should be done even if the person already receives Medicaid, which may be in an eligibility category not allowed for HCBS Waiver programs.

The signed DHHS Form 1282 must be submitted to SCDHHS by mail or toll-free Fax as indicated on the form. DHHS Form 1282 can be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver.

The Waiver Case Manager must document the signing of each DHHS Form 1282 in a Case Note and maintain a copy in the person's file.

There are several categories under which SCDHHS can determine eligibility for Medicaid. Most adult HASCI Waiver participants qualify under the Aged, Blind and Disabled (ABD) category. There is also Category 15 where Medicaid eligibility may be tentative until a person is tentatively enrolled in a HCBS Waiver for 30 days and receives at least one service. After the initial 30 days, Medicaid eligibility and Waiver enrollment become official, retroactive to first day of the month in which a Waiver service was received. Category 15 is often an option for a person receiving SSDI whose income is above the ordinary limit to qualify Medicaid. In some cases, the person will have to establish a Medicaid Income Trust to qualify for Medicaid via Category 15. If this is necessary, the DHHS Liaison Center will provide information and assistance.

SCDHHS Form 118A

In most cases, a *Waiver Client Status Document* (SCDHHS Form 118A) must be completed prior to enrollment in the HASCI Waiver. It verifies Client Information, Medicaid Eligibility Status, Level of Care status, and start date of HASCI Waiver services. **Completion of this form will be processed by staff of the SCDDSN Head and Spinal Cord Injury Division and the DHHS Liaison Center**

Level of Care

To be eligible for enrollment in the HASCI Waiver, a person must be otherwise eligible for placement in a Nursing Facility (NF) or an Intermediate Care Facility for Individuals with Intellectual Disability (ICF/IID). **A person must be certified to meet Level of Care (LOC) criteria for NF or ICF/IID within 30 days prior to initial enrollment or re-enrollment in the HASCI Waiver.**

The majority of participants in the HASCI Waiver qualify under NF Level of Care as determined by a nurse employed or contracted by the State Medicaid Agency, South Carolina Department of Health and Human Services (SCDHHS), however, if a person appears to qualify for ICF/IID LOC, it is imperative that this type of LOC is first pursued.

For purposes of HASCI Waiver enrollment, a person with Traumatic Brain Injury or Similar Disability may be determined by the SCDDSN Eligibility Division to qualify under ICF/IID Level of Care if he or she meets criteria for Related Disability (onset prior to age 22 years and has significant adaptive deficits).

ICF/IID Level of Care is not an option for a person with traumatic Spinal Cord Injury, regardless of age of onset.

NF Level of Care Initial Determination

For new enrollment or re-enrollment in the HASCI Waiver, the Waiver Case Manager must request SCDHHS Community Long Term Care (CLTC) to determine if the person meets NF Level of Care. This is done by first submitting an electronic referral through CLTC Centralized Intake using the following website: https://phoenix.scdhhs.gov/cltc_referrals/new

- Information is entered into a secure website.
- CLTC Centralized Intake Team has immediate access to the referral.
- Referral will be transferred to the appropriate CLTC Area Office.
- A referral confirmation number will be given and this can be entered on the website later to determine the status of the referral.

The following information should be uploaded and included with the referral:

- *South Carolina Community Long Term Care Consent Form*
(SCDHHS Form 121) signed by the person or legal guardian
- *DDSN/CLTC Transmittal Form for Nursing Facility Level of Care*
(HASCI Form 7) with top section completed
- *South Carolina Long Term Care Assessment Form*
(SCDHHS Form 1718) with pages 1, 2, and 3 completed

If the Waiver Case Manager is unable to upload this information to the Phoenix Portal, he/she must mail or fax these supporting documents to the appropriate CLTC Area Office serving the locality where the person resides.

Following assessment of the person, CLTC staff will notify the Waiver Case Manager of the results by returning the completed HASCI Form 7 along with a copy of the completed SCDHHS Form 1718.

- If the person meets NF Level of Care, the Waiver Case Manager can proceed with HASCI Waiver enrollment.

If the person is not enrolled within 30 calendar days after the LOC determination date, the Waiver Case Manager must request CLTC to update the determination. This is done only if all other enrollment issues are resolved. This requires repeating the entire process of electronic referral through CLTC Centralized Intake and again submitting the forms indicated above to the CLTC Area Office.

Following re-assessment of the person, CLTC staff will notify the Waiver Case Manager of the results by returning the completed HASCI Form 7 and SCDHHS

Form 1718 with a new LOC determination date. Upon receipt of these, if the person meets NF level of Care, the Waiver Case Manager can proceed with HASCI Waiver enrollment.

- If the person does not meet NF Level of Care, the Waiver Case Manager must notify the HASCI Division by faxing a copy of HASCI Form 7. The person or legal guardian must be notified using *Nursing Facility Level of Care Notification Letter* (HASCI Form 7A). SCDHHS Medicaid Appeal information must be provided. *(SCDDSN Reconsideration is not required because the adverse determination was made by CLTC staff and can only be appealed to SCDHHS.)*

HASCI Waiver enrollment cannot proceed unless the person appeals to SCDHHS and the adverse NF Level of Care determination is then reversed. If that occurs, CLTC staff must provide the Waiver Case Manager with a new or corrected HASCI Form 7 and a new or corrected SCDHHS Form 1718. Upon receipt of these, the Waiver Case Manager can proceed with enrollment.

ICF/IID Level of Care Initial Determination

For new enrollment or re-enrollment in the HASCI Waiver, the Waiver Case Manager must obtain and compile the person's medical and school records, psychological/adaptive testing reports, and functional information to support a formal diagnosis of Related Disability. Records reflecting the person's current intellectual and adaptive status also must be obtained and compiled. The person's Assessment and Support Plan must be current in Therap.

The Waiver Case Manager should complete the ICF/IID LOC on Therap, marking the type of LOC as "initial" and attaching all supporting documentation (medical records, school records, psychological/adaptive testing, etc.). Marking "initial" as the type of LOC will ensure the LOC is electronically forwarded to the Eligibility Division for review. The Eligibility Division will review the documentation submitted, determine if new psychological and/or adaptive testing is needed, and notify the Waiver Case Manager to make arrangements if necessary.

The Waiver Case Manager will receive notification in Therap when the LOC determination is made.

- If the person meets ICF/IID Level of Care, the Waiver Case Manager can proceed with HASCI Waiver enrollment.

If the person is not enrolled within 30 calendar days after the date of the Initial ICF/IID Level of Care certification, the Waiver Case Manager must follow the same

process for the initial LOC again, completing a new initial LOC in Therap and forwarding it to the Eligibility Division for review.

The Waiver Case Manager will receive notification in Therap. If the LOC was approved, the Waiver Case Manager can proceed with HASCI Waiver enrollment.

- If the person does not meet ICF/IID Level of Care, the Waiver Case Manager must notify the HASCI Division by SComm. The person or legal guardian must be notified by mailing a copy of the *Level of Care Certification Letter* along with *the Process for Reconsideration of SCDHHS Decisions*. The Eligibility Division will provide guidance if needed concerning the Process for Reconsideration of SCDHHS Decisions.. HASCI Waiver enrollment cannot proceed unless SCDDSN or SCDHHS reverses the adverse LOC determination. If that occurs, the Eligibility Division will notify the Waiver Case Manager of the determination and effective date and will complete the Level of Care for ICF/IID in the person's record in Therap. The Waiver Case Manager can then proceed with HASCI Waiver enrollment.

Determining Services and Enrollment Date

After all the forms for *Freedom of Choice*, *Acknowledgement of Choice and Appeal Rights*, *Acknowledgement of Rights and Responsibilities*, and *Verification of Third Party Coverage* have been signed, the person has been documented to be eligible for Medicaid, and a NF or ICF/IID Level of Care Initial Determination has been completed, **the Waiver Case Manager must work with the person or legal guardian to determine the specific HASCI Waiver services and qualified providers to be authorized with HASCI Waiver enrollment.**

The Waiver Case Manager must consult with the HASCI Program Coordinator to **target a HASCI Waiver enrollment date and start date for services.**

- If a person is moving from an institutional setting (hospital, NF or ICF/IID, jail, mental health facility, etc.) the HASCI Waiver enrollment date is the day he or she is discharged from the facility and may receive one or more HASCI Waiver services in a community setting.
- If a person is enrolled in a Medicaid MCO (Managed Care Organization), he or she must be terminated from the MCO prior to the HASCI Waiver enrollment date. The Waiver Case Manager must assist the person in notifying the MCO and ensuring that termination is completed at least one day before the HASCI Waiver enrollment date.
- If a person is transferring to the HASCI Waiver from another HCBS Waiver program or will age-out of eligibility for Children's PDN/PCA funded by Medicaid State Plan, coordination with the CLTC or other Waiver Case Manager is critical to ensure there is not a lapse in services.

The CLTC Case Manager or Waiver Case Manager for the current Waiver program must be notified as soon as the person is allocated a HASCI Waiver slot to begin coordination. A transfer date must be mutually agreed upon when the person is ready for HASCI Waiver enrollment.

- Termination from the current HCBS Waiver program must be at least one day before the HASCI Waiver enrollment date.
- Children's PDN/PCA cannot be replaced by HASCI Waiver services more than 30 days before the person ages out of eligibility. The CLTC Case Manager must terminate Children's PDN/PCA at least one day before the HASCI Waiver enrollment date and start date of Medicaid Waiver Nursing and/or Attendant Care/Personal Assistance.
- **If a HASCI Waiver participant is under age 21 years, Children's PCA Services funded by Medicaid State Plan must be accessed to the extent possible prior to requesting AC/PA. The frequency and amount of Children's PCA Services received or that is potentially available will be considered in the assessment to determine the frequency and amount of additional AC/PA that will be authorized.**
- If a person transferring to the HASCI Waiver from another HCBS Waiver program currently gets UAP Attendant Care Services, this will end upon termination from that Waiver program. The person can choose to get Self-Directed Attendant Care (UAP Option) through the HASCI Waiver. If possible, the Waiver Case Manager can complete all procedures to arrange for Self-Directed Attendant Care (UAP Option) prior to enrollment so it can be authorized along with HASCI Waiver enrollment.
 - To ensure the person does not have a lapse in services, it may be necessary to temporarily authorize Attendant Care/Personal Assistance through a provider agency enrolled with SCDHHS until requirements are completed for Self-Directed Attendant Care (UAP Option).

Pre-Enrollment Form

After a target date for HASCI Waiver enrollment has been confirmed with the HASCI Division, the Waiver Case Manager must complete the *Pre-Enrollment Form* (HASCI Form 9). The original form must be maintained in the person's file.

Waiver Transfer Form

For a person moving to the HASCI Waiver from another HCBS Waiver program, the DDSN Waiver Case Manager must contact the other Waiver Case Manager by phone to discuss the transition and agree upon a transfer date. The mutually agreed date for transfer must then be confirmed using the *Waiver Transfer Form* (HASCI Form 10).

A copy must be forwarded to the CLTC Case Manager or Waiver Case Manager for the current Waiver program as soon as possible. A copy must also be sent to the DHHS Liaison Center. It must be documented in a Case Note that the *Waiver Transfer Form* was completed and copies forwarded as required. The original form must be maintained in the person's file.

Completing Enrollment

HASCI Waiver enrollment cannot be completed until all of the preceding requirements have been met. Do not forward information or documents to the HASCI Division in a piecemeal fashion.

Enrollment in the HASCI Waiver requires submitting an entire enrollment package to the HASCI Division, including copies of the following completed documents:

- *HASCI Waiver Pre-enrollment Form* (HASCI Form 9)
- *Freedom of Choice Form* (HASCI Form 2)
- *Acknowledgement of Choice and Appeal Rights* (HASCI Form 19)
- *Acknowledgement of Rights and Responsibilities* (HASCI Form 20)
- *Verification of Third Party Coverage* (HASCI Form 18)
- For NF Level of Care:
 - *DDSN/CLTC Transmittal Form for Nursing Facility Level of Care* (HASCI Form 7) and
 - *South Carolina Long Term Care Assessment Form* (SCDHHS Form 1718)

For ICF/IID Level of Care:

- *Level of Care for ICF/IID form* (available in electronic format on Therap)
- *Waiver Transfer Form* (HASCI Form 10) if the person is transferring to the HASCI Waiver from another HCBS Waiver program.

The Waiver Case Manager will be notified by the HASCI Program Coordinator when the enrollment has been processed and services can be authorized.

Before services are authorized, the Support Plan must be updated to include all requested waiver services, the amount, frequency, and duration of those services, and the correct provider type. In order to update the Support Plan, the Waiver Case Manager will complete a Plan Change Form on Therap. This form will be electronically submitted to the Waiver Administration Division for review. The Waiver Administration Division Staff will review the request and the Waiver Case Manager will receive electronic notification if the request has been approved or if additional information is needed.

Following approval of the requested services, the Waiver Case Manager can proceed with forwarding a service authorization to each provider. The start date for each service authorized must be the same as or after the HASCI Waiver projected enrollment date.

The HASCI Division is responsible to forward required enrollment information to SCDHHS.

- If a person has established a Medicaid Income Trust to qualify for Medicaid eligibility via Category 15, the Waiver Case Manager will be directed to complete *Medicaid Income Trust* form (HASCI Form 5-B) and submit it to the SCDHHS Division of Eligibility.
 - This form reports HASCI Waiver costs for Months 1, 2, and 3 and projected monthly costs beginning Month 4. A copy of the completed form must be sent to the DHHS Liaison Center and a copy must be placed in the participant's file.
 - It must be documented in a Case Note that HASCI Form 5-B was submitted to SCDHHS as requested and copies distributed as required.

Enrollment in the HASCI Waiver is official when SCDHHS has entered this status into the Medicaid Management Information System (MMIS).

Level of Care Re-evaluation

For continued participation in the HASCI Waiver, the waiver participant's Level of Care must be formally re-assessed and re-certified at least within every 365 calendar days.

It is the responsibility of the Waiver Case Manager/Supervisor to monitor the LOC certification of each HASCI Waiver participant, and to ensure it does not expire.

A participant's Level of Care must be re-assessed immediately if the person demonstrates distinctly improved functioning.

NF Level of Care Re-evaluation

NF Level of Care Re-evaluation must be scheduled prior to the expiration date of the previous LOC certification to allow sufficient time for consultation with the HASCI Division if necessary (for an adverse decision).

NF Level of Care is re-evaluated by the Waiver Case Manager in the participant's place of residence, using recent medical and functional documentation, information provided by the participant/representative, and direct observation of the participant to determine if there is change/improvement in functioning that may affect NF Level of Care status. Findings are recorded on SCDHHS Form 1718.

If a re-evaluation visit in a location other than the participant's home would be of benefit to the participant and/or family, the Waiver Case Manager must contact the HASCI Division to request an exception to this policy. The approval or denial will be provided in writing, and must be maintained in the record.

From the point that the assessment information is complete and adequate to determine the level of care, the level of care must be determined, completed, and documented within three (3) business days. **The assessment is not considered complete until it has been staffed with the WCM Supervisor (or other supervisory staff) and signed/initialed and dated on appropriate pages.**

The LOC certification date of the re-evaluation is the date of the staffing and signing/initialing of Form 1718.

- If the person meets NF Level of Care, the Waiver Case Manager must complete *Re-Certification for Nursing Facility Level of Care* (HASCI Form 6) which designates the effective date and must enter the new LOC certification date on the Waiver Tracking System (WTS).

A copy of the NF LOC re-certification (including Form 6) must be uploaded to THERAP under Document Storage at the oversight level within two work days. The steps for uploading are outlined as follows:

- Go to "Document Storage" in the Oversight Account
- Select the individual whose LOC re-certification needs to be uploaded
- Under "Type", select HASCI NF LOC
- Under "Received Date", enter the date of the NF LOC re-certification
- Attach the LOC re-certification

Once the Waiver Case Manager has uploaded the document, he/she must notify the HASCI Program Coordinator that the LOC has been uploaded and is ready for review. The Program Coordinator will notify the Waiver Case Manager of any necessary corrections. The Waiver Case Manager must comply with any directions from the HASCI Division to correct originals and upload the corrected copies of the Form 6 and Form 1718 on THERAP within 3 work days after notification.

- If the participant does not meet NF Level of Care due to improvement in functioning, HASCI Form 6 is not completed and a copy of the SCDHHS Form 1718 must be sent to the HASCI Division within 2 work days.

HASCI Division staff will review the assessment/determination with the Waiver Case Manager/Supervisor and may advise that corrections or adjustments be made in the keying/scoring of Form 1718.

- If consultation with the HASCI Division determines the waiver participant meets NF Level of Care, the Waiver Case Manager will correct/adjust the Form 1718 as necessary, complete HASCI Form 6, and enter the new LOC certification date on the Waiver Tracking System (WTS).

A copy of the corrected NF LOC re-certification (including Form 6) must be uploaded to THERAP under Document Storage at the oversight level within three work days of the staffing. The steps for uploading are outlined as follows:

- Go to “Document Storage” in the Oversight Account
- Select the individual whose LOC re-certification needs to be uploaded
- Under “Type”, select HASCI NF LOC
- Under “Received Date”, enter the date of the NF LOC re-certification
- Attach the LOC re-certification

If consultation with the HASCI Division confirms the participant does not meet NF Level of Care, within 2 work days, the Waiver Case Manager must mail *Notice of Waiver Termination* (HASCI Form 8) to inform the participant or legal guardian that the participant no longer meets NF-Level of Care and will be terminated from the HASCI Waiver effective 10 calendar days after the notice date. *The Process for Reconsideration of SCDHHS Decisions* must be provided along with the notice.

If the negative determination is subsequently reversed by SCDDSN or SCDHHS, the Waiver Case Manager will correct/adjust the Form 1718 as necessary, complete HASCI Form 6, and enter the new LOC certification date on the Waiver Tracking System (WTS). The Waiver Case Manager must upload the corrected copies of the Form 6 and Form 1718 on THERAP.

ICF/IID Level of Care Re-evaluation

ICF/IID Level of Care Re-evaluation must be scheduled to allow sufficient time for consultation with or review by the SCDDSN Eligibility Division and submission to the HASCI Division prior to the expiration date of the participant’s previous LOC certification.

For a HASCI Waiver participant with time-limited SCDDSN eligibility, ICF/IID Level of Care Re-evaluation must be reviewed by the Eligibility Division. The Waiver Case

Manager must allow sufficient time and follow the same procedures as when requesting an ICF/IID Level of Care Initial Determination.

For all other HASCI Waiver participants, ICF/IID Level of Care is re-evaluated by the Waiver Case Manager using recent medical/functional documentation, information provided by the participant/representative, and direct observation of the participant to determine if there is improvement in functioning.

Findings must be staffed with the WCM Supervisor (or other supervisory staff). If there is evidence the participant's functioning has significantly improved, the Eligibility Division must be consulted by telephone before an adverse LOC determination is made.

- The Waiver Case Manager should complete the LOC on Therap, marking Annual Recertification as the type of LOC. The completed LOC will be forwarded to the Waiver Case Management Supervisor in Therap for review.
- If it is determined that the participant continues to meet ICF/IID LOC, within 2 days, the Waiver Case Manager must notify the HASCI Program Coordinator that the LOC has been completed and is ready for review.
- If the participant no longer meets ICF/IID Level of Care, within 2 work days the Waiver Case Manager must submit HASCI Form 4 and copies of all information/documentation used in making the adverse determination to the Eligibility Division.

The participant's Assessment and Support Plan in Therap must be current. The Eligibility Division will decide if any new psychological/ adaptive testing is necessary.

- If the Eligibility Division determines the waiver participant continues to meet ICF/IID Level of Care, it will notify Waiver Case Manager by SComm and complete a new *Level of Care for ICF/IID* in the participant's record in Therap.

The Waiver Case Manager must complete an "*Annual/Recertification*" *Level of Care for ICF/IID* in the participant's record in Therap and enter the new certification date into the Waiver Tracking System (WTS).

- If the Eligibility Division concurs the participant does not meet ICF/IID Level of Care, it will notify the Waiver Case Manager.

Within 2 work days, the Waiver Case Manager must mail a *Notice of Waiver Termination* (HASCI Form 8) to inform the participant or legal guardian that the

participant no longer meets ICF/IID Level of Care and will be terminated from the HASCI Waiver effective 10 calendar days after date of the notice. *The Process for Reconsideration of SCDHHS Decisions* must be provided. *(The Eligibility Division will provide guidance).*

Within 2 days, the Waiver Case Manager must notify the HASCI Program Coordinator that the LOC has been completed.

If the negative determination is reversed by SCDDSN or SCDHHS, the Waiver Case Manager must complete a new “*Annual/Recertification*” *Level of Care for ICF/IID* in the participant’s record in Therap.

Within 2 days, the Waiver Case Manager must notify the HASCI Program Coordinator that the LOC has been completed and is ready for review.

HASCI Waiver Termination

A participant must be terminated from the HASCI Waiver if the following occurs:

- Death
- Moved out of state
- No longer eligible for Medicaid
- Admitted to a Nursing Facility (NF) or to an Intermediate Care Facility for Individuals with Intellectual Disability (ICF/IID)
- No longer qualifies for NF or ICF/IID Level of Care
- Does not receive two HASCI Waiver services for a full calendar month due to hospitalization, incarceration, non-availability of a provider, or other reasons
- Refusal to meet responsibilities as a HASCI Waiver participant
- No longer wants HASCI Waiver services

When it is necessary for a participant to be terminated from the HASCI Waiver, the Waiver Case Manager must give the participant or legal guardian prior written notice stating the reason for termination and provide the Process for Reconsideration of SCDHHS Decisions.

Prior notification is not required if it is verified the participant died, moved out of state, is no longer eligible for Medicaid, was admitted to a NF or ICF/IID, or voluntarily declined to continue participating in the HASCI Waiver.

Being terminated from the HASCI Waiver does not prevent re-applying in the future if qualifications can be met. It does not directly affect eligibility for or receipt of other SCDDSN services.

When a participant is terminated from the HASCI Waiver, the associated slot is also revoked, so long as there is not a HASCI Waiver waiting list. If there is a HASCI Waiver waiting list, the slot may be retained temporarily under certain circumstances (page 4-19).

If the person wants to re-enroll in the future, the Waiver Case Manager must submit a new *Request for HASCI Waiver Slot* (HASCI Form 1) to the HASCI Division. If there is not a HASCI Waiver waiting list at that time, an available slot will be allocated. If there is a waiting list, the person will be added effective the date the request is received.

See Chapter 3, *ELIGIBILITY AND SLOT ALLOCATION*

Procedures for Termination

Within two (2) days after confirming that a participant must be terminated from the HASCI Waiver, the Waiver Case Manager must complete a *Notice of Waiver Termination* (HASCI Form 8) indicating reason for termination and mail it to the participant or legal guardian along with *the Process for Reconsideration of SCDHHS Decisions*. Copies of the HASCI Form 8 must be sent to the HASCI Division Program Coordinator and to the DHHS Liaison Center. A copy must be maintained in the participant's file.

- Except if it is verified the participant died, moved out of state, is no longer eligible for Medicaid, was admitted to a NF or ICF/IID, or voluntarily declined to continue participating in the HASCI Waiver, the effective date of termination must be at least 10 calendar days after the date HASCI Form 8 was completed.

This allows the participant or legal guardian at least 10 calendar days to initiate SCDDSN Reconsideration, which must be fully completed prior to SCDHHS Medicaid Appeal. It also gives the participant or legal guardian the opportunity to request that HASCI Waiver services continue during the Process for Reconsideration of SCDHHS Decisions.

- If the participant did not receive two HASCI Waiver services for a full calendar month due to hospitalization, incarceration, non-availability of a provider, or other reasons, the termination date is the last day of the month following the month when the last Waiver service was received.

Example: If a Waiver service was received on March 17 and no other Waiver service was received before April 30, then the participant must be terminated effective April 30.

- If the participant died, the date of termination should be the same as the date of death.
- If the participant was terminated due to loss of Medicaid eligibility, the date of termination should be the day before Medicaid eligibility ended. (Example: Participant lost Medicaid effective 11/1/21. Termination date would be 10/31/21).
- If the person was admitted to a nursing facility or ICF/IID, the date of termination should be the day before the person was admitted.
- If the participant or legal guardian no longer wants HASCI Waiver services, he or she must sign a *Voluntary Termination Statement* (HASCI Form 16). The original form must be maintained in the participant's file. A copy must be forwarded to the HASCI Division and to the DHHS Liaison Center
- If a participant is eligible for Medicaid under Category 15, termination from the HASCI Waiver will also result in loss of Medicaid coverage. The Waiver Case Manager must notify the participant or legal guardian of this in writing. It must be documented in a Case Note that notification was made. A copy of the communication must be placed in the participant's file.

The Waiver Case Manager will end all electronic authorizations, sending notification to the affected service providers. The service end date must be the same as the Waiver termination date on HASCI Form 8.

- The service end date must be after the deadline for the participant or legal guardian to request the Process for Reconsideration of SCDHHS Decisions and/or request services to continue during the Process for Reconsideration of SCDHHS Decisions.

The HASCI Division is responsible to forward required termination information to SCDHHS.

- Within two (2) work days following the projected Waiver termination date, the Waiver Case Manager must complete/submit a Plan Change Form to the Waiver Administration Division, noting the effective date of termination, and providing information to reconcile the waiver budget. The Waiver Administration Division staff will update the Support Plan to reflect the changes and adjust the waiver budget in WTS accordingly and with actual end date for services. Excess or unused service units will be deleted from the budget.
- The Waiver Case Manager must update the Service Tracking System (STS) to reflect that there is no longer HASCI Waiver funding for any services.

Termination from the HASCI Waiver is official when SCDHHS has entered this status into the Medicaid Management Information System (MMIS).

Temporary Retention of HASCI Waiver Slot Following Termination when there is a HASCI Waiver waiting list.

When there is a HASCI Waiver waiting list, the following criteria will be applied for the slot of a person terminated from the HASCI Waiver to be temporarily retained in the following circumstances:

- A person terminated from the HASCI Waiver due to interruption of Medicaid eligibility will have his or her Waiver slot held up to 90 consecutive days after the date of termination if it is anticipated Medicaid eligibility will be reinstated during that time.

The DHHS Liaison Center can assist the individual to re-qualify for Medicaid. In order for the DHHS Liaison Center to discuss details with the Waiver Case Manager, the participant or legal guardian must have signed a DHHS Form 1282 releasing information to the Waiver Case Management Agency.

- A person terminated from the HASCI Waiver because of hospitalization or temporary admission to a nursing facility or ICF/IID exceeding a full calendar month will have his or her Waiver slot held up to 90 consecutive days after the date of termination if it is anticipated the person will be discharged from the hospital, nursing facility or ICF/IID during that time. The Waiver Case Manager must be directly involved with discharge planning.
- A person terminated from the HASCI Waiver because a service was not received during a full calendar month due to non-availability of a provider or other reasons will have his or her Waiver slot held up to 90 consecutive days after the date of termination if it is expected services can be resumed within that time. The Waiver Case Manager must actively seek a provider or assist in addressing other circumstances which resulted in the termination.

If none of these circumstances apply, the participant will be terminated from the HASCI Waiver and the associated slot revoked.

Re-enrollment in the HASCI Waiver Following Termination

Re-enrollment in the HASCI Waiver following termination is contingent upon the person having a HASCI Waiver slot and newly obtained documentation that all eligibility requirements are met.

Re-enrollment in the HASCI Waiver requires all the same procedures as for initial enrollment. It includes submitting an entire enrollment package to the HASCI Division with copies of all the required fully completed documents;

- *HASCI Waiver Pre-enrollment Form* (HASCI Form 9)
- *Freedom of Choice Form* (HASCI Form 2)
- *Acknowledgement of Choice and Appeal Rights* (HASCI Form 19)
- *Acknowledgement of Rights and Responsibilities* (HASCI Form 20)
- *Verification of Third Party Coverage* (HASCI Form 18)
- For NF Level of Care:
 - *DDSN/CLTC Transmittal Form for Nursing Facility Level of Care* (HASCI Form 7) and
 - *South Carolina Long Term Care Assessment Form* (SCDHHS Form 1718)
- For ICF/IID Level of Care:
 - *Level of Care for ICF/IID* form printed from person's record in CDSS

Following submission of the enrollment package, the Waiver Case Manager will be notified by the HASCI Program Coordinator that the enrollment has been processed, and services can be authorized on the pre-determined enrollment date. Before services can be authorized, the Support Plan must be updated to include the type and amount of services needed at enrollment. The Waiver Case Manager must complete the Plan Change Form in the person's record on Therap, indicating the type and amount of services needed at enrollment. This form will be electronically submitted to the Waiver Administration Division. The Waiver Case Manager should also enter services into the Service Tracking System.

The Waiver Administration Division Staff will review the request and the Waiver Case Manager will receive electronic notification if the request has been approved or if additional information is needed.

Following approval of the plan revisions, the Waiver Case Manager must proceed with forwarding a service authorization to each provider. The start date for each service authorized must be the same as or after the HASCI Waiver projected enrollment date.

The HASCI Division is responsible to forward required enrollment information to SCDHHS.

- If a person has established a Medicaid Income Trust to qualify for Medicaid eligibility via Category 15, the Waiver Case Manager will be directed to complete *Medicaid Income Trust* (HASCI Form 5-B) and submit it to the SCDHHS Division of Eligibility.
 - This form reports HASCI Waiver costs for Months 1, 2, and 3 and projected monthly costs beginning Month 4. A copy of the completed form must be sent to the DHHS Liaison Center and a copy must be placed in the participant's file.
 - It must be documented in a Case Note that HASCI Form 5-B was submitted to SCDHHS as requested and copies distributed as required.

Enrollment in the HASCI Waiver is official when SCDHHS has entered this status into the Medicaid Management Information System (MMIS).